



ORGANISATION FOR THE PROHIBITION
OF CHEMICAL WEAPONS

OPCW

PERSONAL HISTORY FORM

INSTRUCTIONS

Please answer each question
clearly and completely.

Type or print in **black ink**.

1. Title (Circle one) Mr Mrs Ms Miss Dr Prof		Family name		First name		Middle name		2. Sex			
3. Date of Birth Day Month Year		4. Country & City of birth		5. Country/countries of citizenship at birth		6. Current citizenship*		7. Passport No.			
8. A. Height		8. B. Weight		9. Marital status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>							
10. Entry into OPCW service might require assignment and travel to any area of the world in which the OPCW might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in travel? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", please describe.											
11. Permanent address				12. Present address (<i>if different</i>)				13. Office Address			
Telephone No.:				Telephone No.:				Telephone No.:			
Fax No.:				Fax No.:				Fax No.:			
E-mail Address:				E-mail Address:				E-mail Address:			
14. Do you have any dependents ? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", give the following information:											
NAME		Date of Birth		Relationship		NAME		Date of Birth		Relationship	
15. Have you taken up legal permanent residence status in any country other than that of your citizenship? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", which country ?											
16. Are any of your relatives employed by a public international organisation? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", give the following information:											
NAME				Relationship		Name of International Organisation					
17. For which position(s) are you applying?											
Position Title(s)					Vacancy Reference(s)						
1.					1.						
2.					2.						
3.					3.						
18. Would you accept employment for less than six months ? YES <input type="checkbox"/> NO <input type="checkbox"/>					19. Have you previously submitted an application for employment with OPCW? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when ?						
20. KNOWLEDGE OF LANGUAGES A. What is your mother tongue ? _____											
B. OTHER LANGUAGES		READ		WRITE		SPEAK		UNDERSTAND			
		Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily		
1.											
2.											
3.											
4.											

*Note: Please state all citizenships you currently hold.

[illegible]

24. EMPLOYMENT RECORD:				
B. PREVIOUS POSTS				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:	
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:	
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:	
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:	
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:	
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:	
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:			TYPE OF BUSINESS:	
ADDRESS OF EMPLOYER:			NAME OF SUPERVISOR:	
			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	REASON FOR LEAVING:
DESCRIPTION OF YOUR DUTIES				

26. DO YOU OBJECT TO RECEIVING FAXES/LETTERS FROM OPCW AT YOUR PLACE OF EMPLOYMENT? YES ☐ NO ☐

27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY?

YES ☐ NO ☐ If "YES", when?

28. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.

FULL NAME	ADDRESS	BUSINESS OR OCCUPATION
	Telephone No. Fax No.	
	Telephone No. Fax No.	
	Telephone No. Fax No.	

29. STATE ANY OTHER RELEVANT FACTS. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR CITIZENSHIP.

30. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)?

YES ☐ NO ☐ If "YES", give full particulars (such as dates, charges, results) of each case in an attached statement.

31. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History Form or other document requested by the Organisation renders me liable to termination or dismissal.

NAME (print or type): _____ SIGNATURE: _____

DATE: _____

32. Please indicate whether you have any objection against the OPCW forwarding your application to another international organisation or OPCW Member State?

YES ☐ NO ☐

33. **Please note:** Please do not attach educational certificates or any other documentation to this form. Short-listed candidates will be required to produce evidence of academic achievement. Only candidates under serious consideration for a post will be contacted.